
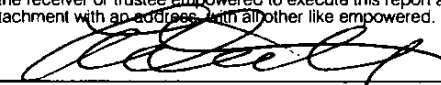


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90213 038 ****70.00

DOCUMENT # N47482 1. Entity Name FAIRHAVEN SOUTH, INC.					
Principal Place of Business 751 W CAREY LANE AVON PARK, FL 33825 US			Mailing Address 1042 N BRAINERD AVE. AVON PARK, FL 33825 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0339453	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRIST, LELAND 683 WESLEY CIRCLE AVON PARK, FL 33825				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCE, BURT		NAME		
STREET ADDRESS	2408 SUNRISE KEY BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	VD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEED, BOBBY R		NAME	CD	
STREET ADDRESS	600 PINE AVENUE		STREET ADDRESS	PEED, BOBBY R	
CITY-ST-ZIP	BUTLER, GA 31006		CITY-ST-ZIP	600 PINE AVENUE	
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIMAN, HUBERT		NAME		
STREET ADDRESS	808 W. 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MARION, IN 46952		CITY-ST-ZIP		
TITLE	DC		TITLE	VD	
NAME	TRUEX, E. MELVIN		NAME	GRAY, SANDRA	
STREET ADDRESS	179 SKYLINE DR.		STREET ADDRESS	8 OLDE VILLAGE DRIVE	
CITY-ST-ZIP	LANCASTER, OH 43130		CITY-ST-ZIP	NICHOLASVILLE, KY 40356	
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOLLUM, SHELLY		NAME		
STREET ADDRESS	3783 STATE ROAD 18 EAST		STREET ADDRESS		
CITY-ST-ZIP	MARION, IN 46952		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDVALL, BRENT		NAME		
STREET ADDRESS	3783 STATE ROAD 18 EAST		STREET ADDRESS		
CITY-ST-ZIP	MARION, IN 46952		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2-1-08 863-453-8444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		